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MAKING SENSE OF VIETNAM AND TELLING THE REAL STORY: MILITARY WOMEN *IN THE COMBAT ZONE*

CHERYL A. SHELL

Until 1982 very few people knew that thousands of women had served in the Vietnam War. No one really knows why it seems to have been a kind of secret, but some speculate that it was shameful in some way to our patriarchal society. Women are not supposed to serve where they could get killed; women are supposed to be safe, back in the rear areas, away from combat. But because of the nature of the war in Vietnam there was no really safe place, no rear area. Therefore, we could not comfortably admit that women had been there, living and working in the midst of combat; we could not admit that we had failed to protect them.¹

As Cynthia Enloe contends, women Vietnam veterans “have suffered from their invisibility. They have been pushed to the back of the bureaucratic filing cabinet.”² Even as she was writing, however, women were moving forward. A nurse who had served in Vietnam had begun organizing other veterans and speaking out. Lynda Van Devanter is considered by many writers on the subject of American women in Vietnam to be the pioneer in getting recognition for female veterans. In 1983 she published her memoirs from her year as an Army nurse in the 71st Evacuation hospital at Pleiku, thereby permanently opening for discussion the issue of women in Vietnam.³

One of the people influenced by Van Devanter’s work is Kathryn Marshall. In 1987 Marshall published *In the Combat Zone: An Oral History of American Women in Vietnam, 1966-1975*, a compilation of first-person narratives from women who had served in Vietnam.⁴ Marshall implies that she wrote the book to show the American public that women had served in Vietnam, and to help us understand what that service had been like. Though Marshall is not a Vietnam veteran, she lived through the war period that for her came to seem like surrealist fiction: “There was no organizing principle, no discernible narrative—instead there was a web of stories, each as confused as my life was.”⁵ In writing her oral history, then, Marshall seems to have an additional, more personal aim: to make that confused story of the Vietnam war years into something that makes sense, that follows a familiar narrative line, that ultimately has meaning for the women, veteran and non-veteran, who lived through that time. But Marshall cannot achieve both

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her purposes. By making the Vietnam war make sense, she and the twenty women who relate their war experiences through her book must inevitably fail to reveal what those experiences were really like. *In the Combat Zone* achieves the most important goal of many survivors of the Vietnam era—that of making meaning.

In his book, *American Literature and the Experience of Vietnam*, Philip Beidler, a Vietnam veteran, talks about the importance of making meaning. The Vietnam war was different from our other wars, he says. Like Marshall, he speaks of the unreality:

In the large view or in the small, there was no real beginning and there was no real end to anything having to do with the war. It just went on.

It went on, moreover, for many Americans at least, in a strange, remote midworld where visitations of the absurd and unreal nestled with sinister ease amidst a spectacle of anguish, violence, and destruction almost too real to be comprehended.⁶

What made Vietnam different from other wars also made it more difficult for us to fit into a pre-constructed social or psychological niche—there was nothing in the American myth of wars and heroes that could encompass the experience that was “the ‘Nam.” Those who came back alive made whatever adjustment they could to a world that seemed insane next to the reality of the Vietnam war.⁷ Beidler asks the question: “How, then, might one come up with some form of sense-making for this thing?”⁸ And he answers that it is Vietnam writers who must make sense of Vietnam, by “endowing it with large configurations of value and signification. In this way, what facts that could be found might still be made to mean, as they had never done by themselves, through the shaping and ultimately the transforming power of art.”⁹

The writers of Marshall's *In the Combat Zone* are the twenty women who tell their stories. After the book's brief introduction, the collected narratives are simply presented—evidence of “how it really was.” And yet, while it would seem that the compiler is giving us “just the facts,” those facts have been carefully chosen and arranged, enhanced or possibly contrived, either by the narrators themselves (each was allowed to review and revise her manuscript before publication) or by the editor. Such “facts” are memories, really, and memories are subject to all sorts of metamorphoses over the course of twenty years. And even memories accurately reported may be altered by the editorial decisions or unconscious biases of the interviewer. These, of course, are the dangers inherent in the very process of composing an oral history, and such conditions have made oral history controversial as historical evidence. But, says Ronald Grele, “the historical profession has not yet come to terms with the implications of this kind of material”—oral history can provide us with answers to questions about the process of history as well as the facts of history.¹⁰ Studs Terkel asserts that “[t]he

interview...is a record of what people think and how they feel," and thus tells us about a person's values and beliefs, as well as the behaviors shaped by those values and beliefs.¹¹ When we gather together many interviews, we may learn something about a particular society—it's myths and constructs. As Grele aptly puts it: "The past comes to us encumbered with feelings and perceptions that derive from an individual's cultural experience as well as his unique engagement. Sometimes consciousness of cultural experience is articulated. More often it lies buried deep within a stream of words and their accompanying gestures."¹²

In Marshall's collection of stories from the past, each of the tellers, we must believe, wants to render the truth about what she experienced in Vietnam. But that truth may ultimately be a truth that has nothing to do with the simple recording of events. Paul Thompson says in his most recent introduction to oral history, that "stories are also commonly used in the telling of individual lives, in order to convey values; and it is the symbolic truth they convey, and not the facts of the incident described, which matters most."¹³ The cultural experience—laden with values and symbolic truths—is conveyed along with the actual experience. Thus oral history can take up the powerful sword of art, shaping and transforming the mass of disconnected events, individuals, and perceptions of the Vietnam war into a story that makes sense. Beidler, in discussing earlier oral histories of the Vietnam war,¹⁴ identifies the "uncanny literariness" of such documentaries:

If they seemed noteworthy for their projection of a sense, as one writer observed, of a decisively truth-burdened immediacy one associates with the most accomplished examples of experiential witness, they also seemed to suggest at the same time an equally important quality of sense-making achievement in their recurrent, almost startlingly routine demonstration of clearly "aesthetic" attributes of focus and design, point, coherence and closure.¹⁵

What Beidler sees in the oral histories collected by Santoli and Baker can also be seen in Marshall's anthology. Each of the contributors to *In the Combat Zone* seems to be making a story of Vietnam—each creates a beginning, a middle and an end for her journey. Only the most significant, the most powerful anecdotes are chosen for inclusion, and they seem carefully constructed to elicit a response. Commentary seasoned by distance and the passage of time is added, giving the narrative perspective and depth. Each real experience is offered by a person who has had years to think about it, to struggle to fit it into her life, into her sense of self. Each of the women, if we can judge by the narratives, has succeeded in that struggle. Their success is due in part, I believe, to their use of cultural experience in transforming the confusion of the past into an integrated, coherent memory. A cultural experience that all the contributors have in common is that of being a woman in 20th century America. Some of the contributors share a more specific cultural experience: the experience of being a military nurse.

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Eighty percent of all active-duty American women and approximately forty percent of all American women in Vietnam were military nurses.¹⁶ They staffed the many hospitals, surgical units, transport planes and convalescent centers that cared for the hundreds of thousands of sick and wounded of the Vietnam war. Out of the twenty personal narratives that make up *In the Combat Zone*, nine are from military nurses. But although these nurses all served in different settings or different locales or different time periods, their stories sound very much the same. Many of the same issues are raised; remarkably similar experiences with the vast number of the wounded and dying are related. Even the women's backgrounds, upbringing, and values seem the same. They tell Marshall how they came to be nurses, and how they got to Vietnam. They give vivid, detailed descriptions of wounds, of horrible suffering, of constant danger. They discuss various treatment settings: a burn ward, a surgical unit, a tropical diseases ward—each is distressingly similar. They also relate the almost universally devastating experience of returning to "the World" of the United States where they were simply ignored. And throughout, they try to explain their feelings.

Often their feelings are of powerlessness and guilt. The immense destruction they encountered seemed to negate all hope of helping in any significant way. Each nurse recounts the tale of one horribly wounded patient, beyond repair, who eventually died. Each describes her irrational feelings of guilt and helplessness at being unable to keep that patient alive. What these nurses were trained to do—facilitate the healing process both physically and mentally—seemed impossible. Mary Stout speaks of emotions common to all the nurses interviewed when she tells about a particular patient:

Like this one guy who had been in an APC [armored personnel carrier] and they hit a mine and the gasoline exploded. He was the only one who came out of it alive. But he had terrible burns. We expected him to die, waited for him to die. He was right across from my desk—we always kept the worst ones near the nurses' desk—and just looking at him I felt so helpless. I knew we couldn't evac him because he'd go into shock, and I knew I couldn't talk to him because there was nothing I could say. And he was conscious. I felt so guilty. Even after I got back I felt guilty about that guy.¹⁷

Stout's guilt over this soldier's death might have had less to do with the futility of wartime nursing than it had to do with society's definition of the ideal military nurse. Cynthia Enloe addresses this issue of cultural definition and its effects on military nurses in Vietnam:

Because they were women and because military nursing was defined in feminized terms, they were not allowed even to show their anger....They were supposed to soothe and comfort, not display anger and certainly not go crazy with fury as did so many

male soldiers....Because women are brought up to nurture and protect others, many nurses felt like failures because, no matter what they did, the GIs kept dying.¹⁸

But a GI's death was not the only guilt inspiring event in a military nurse's career. The nurses report feeling guilty when men lived, but went home maimed; guilty that they themselves were relatively safe and whole; guilty when they began to develop feelings of hatred toward the Vietnamese, both allies and enemies, for whom they were frequently asked to care; guilty when they deliberately allowed some hopelessly mutilated soldier to die; guilty when they self-medicated themselves with alcohol or marijuana to numb their psychic pain.

Yet behind all the stories of anguish and sorrow over one or another "sweet young kid" who had been blown to bits,¹⁹ there lurks a small note of pride. Pride would certainly be justified under the circumstances: over the fourteen years that Americans fought in Vietnam, over 360,000 servicemen and women were wounded, yet only some 58,000 died—there was a survival rate of almost 85 percent for wounded soldiers.²⁰ Although it could be argued that some of the wounded were so damaged that they would have rather died, still such figures testify to the skill and dedication of all the medical personnel who served in that war.

None of the nurses in Marshall's collection mention any of their patients who lived to go back to the war, and yet there must have been many. Only one or two nurses express pride at doing her job well, like Saralee McGoran: "We were so damn good at what we were doing, we could save anybody."²¹ Yet even this pronouncement is quickly followed by a guilty negation.

For a woman, openly admitting to skill or competence does not fit in with our culture's image of the perfect (female) nurse, embodied by the mythologized Florence Nightingale. Enloe speaks of Nightingale's influence: "In Europe and North America the role of both military and civilian nurses was shaped by the Victorian ideas of class and gender articulated by Nightingale: deference of women to men; the superiority of bourgeois educated women over either poor or aristocratic women; women's natural inclination to self-sacrifice and nurturing."²²

The feelings and behaviors the nurses of *In the Combat Zone* ascribe to themselves are self-sacrifice, compassion, nurturing, understanding, humility—comfortable "female" responses. They speak of working steadily, relentlessly through immense fatigue, depression, rage, illness, and occasional mortar attacks. In addition to administering necessary physical treatment to patients who had extremely serious injuries, these nurses all report administering psychological and emotional treatment as well. They consider it to have been part of the job and the nursing process. Supportive treatment sometimes took the form of mothering. Ruth Sidisin, called "Mom" by the Security Police who guarded their hospital perimeter, recalls how her brave young patients

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gave her and the others strength: "And those boys were some of the best patients in the whole world....thinking about those dear, sweet boys got us through some of the worst."²³ Although Sidisin at 39 may have been old enough to be a mother to her patients, Lily Adams, at the time only 21, was certainly not. Yet Adams relates wanting to protect her patients from the pain of a "Dear John" letter: "Yeah, I was really angry at the women back home that they would destroy the guys like that."²⁴

The female nurses also played the role of sweetheart to the injured young men, flirted with them, and were flattered by their attention. In order to please them, they wore pretty hair ribbons and perfumes. "If the guys asked you to stand on your head, you would have stood on your head for them," says Lily Adams. That kind of devotion is also part of nursing: "When you work with badly injured people...you've got to push them on so they don't give up and die. And doing this involves a lot of touch and a lot of energy."²⁵ But there was little real intimacy between nurse and patient; the "courtship" stayed within the confines of the hospital ward. Adams explains, "They would never even have dreamed of talking about sex or any of that."²⁶ Nurses saw their role playing as part of their job.

Through it all, the women tried to maintain strict control over their emotions, especially in front of the patients. They insulated themselves from the frustration, the anger, and the grief. McCluskey describes this process: "A total emotional numbing sets in. I did my job well and was able to show compassion, but I worked hard at not feeling compassion."²⁷ Sidisin claims she hid her emotions for the sake of the patients: "[Y]ou just couldn't have let them see it...you smiled and smiled while you were taking care of them."²⁸

Sometimes the role of caregiver proved too difficult to play. Almost every nurse said there were times she would take her negative emotions to her room or to the local club where she would drink or cry or do both at the same time. Most of the women admit to crying at one time or another in Vietnam, occasionally in view of patients; some of them admit to drinking heavily (but never to drinking on duty); one confesses to marijuana use. Sex with other hospital personnel is seldom even hinted at as something the interviewee herself indulged in, and the question of sex with hospital patients is never raised. It seems unlikely that all nine of these nurses went through an entire year of immense stress without any kind of sexual release. What is more probable is that any stories of sexual relationships are conveniently forgotten by the storyteller, or simply self-censored. There is, in general, a downplaying of the less socially acceptable urges one might expect a comparable group of military men to indulge. Ruth Sidisin goes so far as to assure the interviewer that the other nurses were as virtuous as she herself was: "Now, there were, of course, some of the people who drank, but I think most of us just sort of got by by sharing with one another."²⁹ The interviewees insist that they resisted all (or most) of the temptations of alcohol, marijuana, and sex, in spite of extreme emotional and physical stress.

Women returning to the U.S. after serving a tour of duty in Vietnam reported many of the same symptoms of alienation and disorientation that male combat veterans described. Putting the pieces back in place necessitated finding a framework that would fit the experience. For the nurse, that framework was the wartime nursing tradition. By containing the jumble of perceptions of, emotions about, and experience in Vietnam within a simple cultural construct labelled "nursing," a woman could give her service there some meaning.

The same story may be contained within different frameworks. Van Devanter's personal narrative, co-authored with Christopher Morgan, is written in traditional "female" style, as the following passage amply demonstrates:

What we did need was love, understanding, friendship, and companionship; the things that would keep us human in spite of all the inhumanity being practiced around us. Carl and I filled many of those needs for each other. He was patient and gentle, giving freely of himself and making our limited time together more natural than I would have ever imagined. We talked easily and laughed a lot. When he would hold me and kiss me softly, I felt protected. We spent precious hours together comforting one another and leaving the war outside the hooch.³⁰

We could be reading any book of "women's" fiction about two lovers making the best of desperate circumstances. But Van Devanter's style and tone are vastly different in another essay, included in Al Santoli's anthology—a book clearly geared to a more masculine audience:

Vietnam was the first place I delivered a baby by myself. It seemed like a Saturday afternoon. It might have been, I don't know why, but for some reason it seemed like a Saturday afternoon. It was very quiet. There were no other patients around. I was feeling very depressed and this lady came in. I got pissed off at first, because we were supposedly there for taking care of military casualties. We were only supposed to take care of civilian situations if we possibly had the time.³¹

Perhaps Van Devanter and Morgan felt that the kind of prose illustrated by the first passage would make a Vietnam nurse's story more interesting and acceptable to the general public. Certainly it would make it more marketable than the plainer, more realistic style of the second passage. Van Devanter's dual presentation of her story can give us a clue about the way that an American woman military nurse in Vietnam perceives herself in the context of cultural expectations.

Van Devanter's narrative, and the oral histories collected in Marshall's anthology reinforce all our stereotypes about war and nurses. They reflect our expectations about the way women feel in wartime, the way women act in trying circumstances, the way that nurses care for

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their patients. There in the narratives are all the brave, broken boys humbly, weakly begging for a sip of water and the cool touch of a gentle nurse's hand. And there, too, are all the beautiful, gentle nurses giving the water, touching the hand, smiling for the brave boys and weeping softly for them under the cover of night.

Timothy Lomperis believes, along with Philip Beidler, that Vietnam writers must ultimately make sense of the Vietnam war. But, he says, "although I admire and commend all those who have written about, reported, recorded, analyzed, and filmed the Vietnam War, I nevertheless think that it is by reading the fiction...that the essential truth of the Vietnam war can be understood."³² Personal narratives cannot provide all the information we need about American women in Vietnam, and certainly do not represent the complexity of their Vietnam experience.

Kathryn Marshall has helped the women who contributed to her volume tell us a new story about Vietnam. Yet her goal of helping us gain a greater understanding of women's experiences in war has not been reached. Though military nurses are more visible than they once were, they may be almost as poorly represented as Vietnamese women (depicted as beautiful, brave freedom fighters falling in love with doomed warriors, or as dissipated, angry prostitutes who secretly support the National Liberation Front). We saw Hollywood's version of American nurses and Doughnut Dollies reenact the terror and romance of Vietnam on the recent television series *China Beach*. These weekly episodes reflect the trivial plots and stereotypical characters of daytime drama, the mainstream doctor series *St. Elsewhere*, and the conventions of the romance novel. The male experience in the Vietnam war has been strongly portrayed through fiction, but women Vietnam veterans have yet to find their voice.

¹ Keith Walker, *A Piece of My Heart: The Stories of 25 American Women Who Served in Vietnam* (Novato, CA: Presidio Press) 1985: 2.

² Cynthia Enloe, *Does Khaki Become You? The Militarization of Women's Lives* (Boston: South End) 1983: 109.

³ Lynda Van Devanter, with Christopher Morgan, *Home Before Morning: The Story of an Army Nurse in Vietnam* (New York: Beaufort Books) 1983.

⁴ Kathryn Marshall, *In the Combat Zone: An Oral History of American Women in Vietnam, 1966-1975* (Boston: Little, Brown) 1987.

⁵ *Ibid.*: 14.

⁶ Philip D. Beidler, *American Literature and the Experience of Vietnam* (Athens: University of Georgia Press) 1982: 3-4.

⁷ *Ibid.*

⁸ *Ibid.*: 10.

⁹ *Ibid.*: 16.

¹⁰ Ronald J. Grele, *Envelopes of Sound: The Art of Oral History*, second edition (Chicago: Precedent) 1985: 3.

¹¹ *Ibid.*: 4.

¹² *Ibid.*: 8.

- ¹³ Paul Thompson, *The Voice of the Past: Oral History*, second edition (Oxford: Oxford University Press) 1988: 140.
- ¹⁴ Al Santoli, *Everything We Had: An Oral History of the Vietnam War by Thirty-Three American Soldiers Who Fought It* (New York: Random) 1981; Mark Baker, *Nam* (New York: William Morrow) 1981.
- ¹⁵ Beldler: 197.
- ¹⁶ Enloe: 109.
- ¹⁷ Marshall: 85.
- ¹⁸ Enloe: 110.
- ¹⁹ Marshall: 55.
- ²⁰ *Reader's Digest 1982 Almanac and Yearbook* (Pleasantville, NY: Reader's Digest Association) 1982.
- ²¹ Marshall: 249.
- ²² Enloe: 98.
- ²³ Marshall: 31.
- ²⁴ *Ibid.*: 219.
- ²⁵ *Ibid.*: 215.
- ²⁶ *Ibid.*: 221.
- ²⁷ *Ibid.*: 56.
- ²⁸ *Ibid.*: 29.
- ²⁹ *Ibid.*: 29.
- ³⁰ Van Devanter: 109.
- ³¹ Santoli: 162.
- ³² Timothy Lomperis, "Reading the Wind:" *The Literature of the Vietnam War* (Durham, NC: Duke University Press) 1987: 153.